

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023468

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 12

FILED JUN 19 1963

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer		c. CITY OR TOWN Braymer	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of daughter		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last NELLIE BEATRICE WILSON REESER		4. DATE OF DEATH Month Day Year June 11, 1963	
5. SEX Fe	6. COLOR OR RACE wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-9-86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (last birthday) 76yrs
11a. BIRTHPLACE (City and state or country) Wellington, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edward Wilson		13b. MOTHER'S MAIDEN NAME Alice Garman	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Odus Clevenger, Braymer, MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 10 min.</u> <u>3 hours</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>June 10/63</u> to <u>June 10/63</u> and last saw her alive on <u>June 10/63</u> Death occurred at <u>BR</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Clevenger</u> DO		22b. ADDRESS Braymer, Mo	
22c. DATE SIGNED 6-12-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6-13-63		23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem.	
23d. LOCATION (City, town, or county) Breckenridge, Mo		(State)	
24. FUNERAL DIRECTOR Mead-Pitts		25. DATE RECD. BY LOCAL REG. 6-12-63	
26. REGISTRAR'S SIGNATURE <u>Mrs. Edna C. Jorgensen</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0130

2 0130

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12 90-2

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Dennard Lee Meade

Licensed Embalmer No. 2801

P. O. Address Bra ymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.